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SERIAL NUMBER 10/755,967	FILING DATE 01/12/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. RA2
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APPLICANTS

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** CONTINUING DATA *MS* ****

This application is a CIP of 10/195,644 07/12/2002 PAT 6,675,418

** FOREIGN APPLICATIONS *AV ONE* ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VA	7	10	2
Verified and Acknowledged	<i>MS</i> Examiner's Signature	<i>MS</i> Initials			

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TITLE

Post operative patient assist device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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